



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D5460-3**

**Job Sheet 179338**



Part No: D5460-3

Job Qty: 40 ea

Part Name: Channel



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/16/18

Job Tracking No:

Due Date: 8/31/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV B SHEET 2 IPP REV:A NEW ISSUE 16/09/15 JFS VERIFIED BY: DD IPP REV:B 16-11-11 AS  
PER DWG REV.A DD VERF:JFS

Ship Via:

### Bill of Materials

### Job Routing

| Op No                                                          | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|----------------------------------------------------------------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|                                                                |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90                                                             | Start up Operation | 40 Ea  |            | 8/31/18  | 0.00      | 0.00    | Start Up Waterjet     |           | SC 8/16/24   |
| 100                                                            | Waterjet           | 40 pcs |            | 8/31/18  | 0.00      | 4.50    | Waterjet1             |           | SC 8/16/24   |
| 110                                                            | QC                 | 40 pcs |            | 8/31/18  | 0.00      | 0.00    | QC2 Waterjet-4        |           | SC 8/16/24   |
| 120                                                            | QC                 | 40 pcs |            | 8/31/18  | 0.00      | 0.00    | QC8-6                 |           | SC 8/16/24   |
| 130                                                            | Brake NC           | 40 pcs |            | 8/31/18  | 0.03      | 1.00    | Brake NC 1            |           | DAS 9-89 SP  |
| 140                                                            | QC                 | 40 pcs |            | 8/31/18  | 0.00      | 0.00    | QC5                   |           | 38           |
| 144                                                            | HandFinish         | 40 pcs |            | 8/31/18  | 0.00      | 4.13    | HandFinish1           |           | SA 7-8-07-03 |
| 146                                                            | QC                 | 40 pcs |            | 8/31/18  | 0.00      | 0.00    | QC7-5                 |           | 38           |
| 150                                                            | Packaging          | 40 pcs |            | 8/31/18  | 0.00      | 0.00    | Packaging3-2          |           | JUL 16 2018  |
| 160                                                            | QC21-SA            | 40 Ea  |            | 8/31/18  | 0.00      | 0.00    | QC21                  |           | JUL 16 2018  |
| Part Op 100 - ***GRAIN DIRECT ALONG 3.120**** 1-Cut as per Dwg |                    |        |            |          |           |         |                       |           |              |
| Descriptions:                                                  |                    |        |            |          |           |         |                       |           |              |
| DAS 53 9-89                                                    |                    |        |            |          |           |         |                       |           |              |

### Job BOM

| Part / Item  | Component Name     | Quantity             | Operation             | Container |
|--------------|--------------------|----------------------|-----------------------|-----------|
| M6061T6S.040 | 6061-T6 .040 Sheet | 6.0640 sf (.1516 ea) | 90-Start up Operation |           |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M6061T6S.040   | 6        | 129       | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube <input type="checkbox"/></td> <td style="width:15%;">Cross tube <input type="checkbox"/></td> <td style="width:15%;">Water Jet <input type="checkbox"/></td> <td style="width:15%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  |  |                       |             |                          | Skid-tube <input type="checkbox"/> | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |                          |            |                          |                  |                          |               |                          |                                                                                                                |                                                                          |                                                                                |                  |                          |                  |               |                          |                    |       |                          |                      |      |                          |                |                    |                          |                   |                 |                          |            |         |                          |         |            |                          |        |              |                          |         |                       |                          |                  |                                                                                                                            |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Small Fab <input type="checkbox"/>                                       | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                       |             |                          |                                    |                                     |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |                          |            |                          |                  |                          |               |                          |                                                                                                                |                                                                          |                                                                                |                  |                          |                  |               |                          |                    |       |                          |                      |      |                          |                |                    |                          |                   |                 |                          |            |         |                          |         |            |                          |        |              |                          |         |                       |                          |                  |                                                                                                                            |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <div style="position: relative;"> <div style="position: absolute; top: 10%; left: 10%; font-size: 0.8em;">           DART Aerospace Ltd.<br/>           1270 Aberdeen Street<br/>           Hamilton, ON K8A 1K7<br/>           CANADA<br/>           TEL: 1 813 832-5200<br/>           Email: sales@dartaero.com<br/>           www.dartaero.com         </div> <div style="position: absolute; top: 40%; left: 30%;">           Date: 06/25/18         </div> <div style="position: absolute; top: 50%; left: 15%;"> <b>Container No: S083599</b><br/> <b>Part: D5460-3</b><br/> <b>Job No: 179338</b><br/> <b>Serial No/Batch: S083599</b><br/>           Revision:<br/>           Inspector:<br/>           Exp Date:<br/>           Instructions:         </div> <div style="position: absolute; top: 60%; left: 10%;"> <b>Root Cause</b><br/> <table style="width:100%; border: none;"> <tr><td>Environment</td><td><input type="checkbox"/></td></tr> <tr><td>Design</td><td><input type="checkbox"/></td></tr> <tr><td>Doc/Data</td><td><input type="checkbox"/></td></tr> <tr><td>Equip/Tooling</td><td><input type="checkbox"/></td></tr> <tr><td>Handling/Pre</td><td><input type="checkbox"/></td></tr> <tr><td>Material</td><td><input type="checkbox"/></td></tr> <tr><td>Internal Transport</td><td><input type="checkbox"/></td></tr> <tr><td>Tribal Knowledge</td><td><input type="checkbox"/></td></tr> <tr><td>LOA</td><td><input type="checkbox"/></td></tr> <tr><td>Substation</td><td><input type="checkbox"/></td></tr> <tr><td>Past Expiry Date</td><td><input type="checkbox"/></td></tr> <tr><td>Misidentified</td><td><input type="checkbox"/></td></tr> </table> </div> <div style="position: absolute; top: 70%; left: 15%;"> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">           Poor Information<br/>           Rushing<br/>           Product Improvement<br/>           Process Improvement<br/>           Manufacturing Process<br/>           Past Due         </td> <td style="width:33%;">           Crushing<br/>           Heat Treat<br/>           Wave/Twist in Tube<br/>           Marks/Chatter<br/>           OTHER :         </td> <td style="width:33%;">           Countersink<br/>           Cut Too Short<br/>           Instructions Incomplete/Unclear<br/>           Drill Holes         </td> </tr> </table> </div> <div style="position: absolute; top: 60%; left: 65%;"> <table style="width:100%; border: none;"> <tr><td>Power Loss/Surge</td><td><input type="checkbox"/></td><td>Positioned Wrong</td></tr> <tr><td>Folio/Program</td><td><input type="checkbox"/></td><td>Outside Dimensions</td></tr> <tr><td>Grain</td><td><input type="checkbox"/></td><td>Over/Under tolerance</td></tr> <tr><td>Weld</td><td><input type="checkbox"/></td><td>Part Incorrect</td></tr> <tr><td>Wrong Stock Pulled</td><td><input type="checkbox"/></td><td>Part Lost/Missing</td></tr> <tr><td>Out of Sequence</td><td><input type="checkbox"/></td><td>Part Moved</td></tr> <tr><td>Off-set</td><td><input type="checkbox"/></td><td>Drawing</td></tr> <tr><td>Mislabeled</td><td><input type="checkbox"/></td><td>Finish</td></tr> <tr><td>Fit/Function</td><td><input type="checkbox"/></td><td>Misread</td></tr> <tr><td>Misaligned/off center</td><td><input type="checkbox"/></td><td>Turning Sequence</td></tr> </table> </div> </div> |                                                                          |                                                                                                                                                                                    |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |                       | Environment | <input type="checkbox"/> | Design                             | <input type="checkbox"/>            | Doc/Data                           | <input type="checkbox"/>             | Equip/Tooling                      | <input type="checkbox"/>           | Handling/Pre                               | <input type="checkbox"/>         | Material                               | <input type="checkbox"/>           | Internal Transport                           | <input type="checkbox"/>       | Tribal Knowledge                   | <input type="checkbox"/>           | LOA                               | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Poor Information<br>Rushing<br>Product Improvement<br>Process Improvement<br>Manufacturing Process<br>Past Due | Crushing<br>Heat Treat<br>Wave/Twist in Tube<br>Marks/Chatter<br>OTHER : | Countersink<br>Cut Too Short<br>Instructions Incomplete/Unclear<br>Drill Holes | Power Loss/Surge | <input type="checkbox"/> | Positioned Wrong | Folio/Program | <input type="checkbox"/> | Outside Dimensions | Grain | <input type="checkbox"/> | Over/Under tolerance | Weld | <input type="checkbox"/> | Part Incorrect | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | Out of Sequence | <input type="checkbox"/> | Part Moved | Off-set | <input type="checkbox"/> | Drawing | Mislabeled | <input type="checkbox"/> | Finish | Fit/Function | <input type="checkbox"/> | Misread | Misaligned/off center | <input type="checkbox"/> | Turning Sequence | Completed By<br><br><br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Poor Information<br>Rushing<br>Product Improvement<br>Process Improvement<br>Manufacturing Process<br>Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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# INSPECTION SHEET

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## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                          |  |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |